

**BUREAU OF MOTOR VEHICLES
DRIVER EDUCATION PROGRAM
#29 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0029
Telephone: (207) 624-9156
Fax: (207) 624-9158
TTY: (207) 624-9105**

REQUIREMENTS TO UPGRADE FROM CLASS B TO CLASS A INSTRUCTOR LICENSE

Class C Vehicles

- ❖ Must submit proof (i.e. a college transcript) of successful completion, within the last three (3) years, of the following college level courses:
 1. Basic Driver Education (EDIS 433-51) or its equivalent.
 2. Approved Methods of Instruction course or a valid teaching certificate.

Class A or B Vehicles

- 1 Commercial Vehicle Class A Instructor Course.

This application may also be used for other upgrades not listed above. Please submit proof of completion of the required courses.

Upon the successful completion of the above requirements, the application will be reviewed by the Secretary of State, Driver Education Program. Please be aware that acting as a Class A Instructor without a Class A license is considered a Class E crime in the State of Maine.

Please be informed that it is the responsibility of the licensee to notify the Driver Education Program of any change in the original license (such as change of address, telephone number, or association with a different school). Also, all correspondence and renewal notices will be sent to the licensee's last known address. If you have any questions or concerns, please contact this office at the above address or telephone number.

CONTACT PERSONS: Eric Bellavance, Ron Lewberg, James Foster, Beth McArthur, Roxy Bittues and Pat Gelinas.

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APPLICATION TO UPGRADE FROM CLASS B TO CLASS A LICENSE

Applicant's Name _____

School Affiliation _____ School Tel.# _____

Social Security Number _____ Date of Birth _____

Home Telephone# _____ Cell# _____

Mailing Address _____

Home Address _____

If different from above

County _____

- 1 Check ☒ any conditions below to which you are or have been subject to:
- | | |
|--|---|
| <input type="checkbox"/> epilepsy/seizures | <input type="checkbox"/> heart trouble |
| <input type="checkbox"/> blackouts/loss of consciousness | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> stroke/shock | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> mental/emotional | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> limb amputation | <input type="checkbox"/> other disability...(explain below) |
- _____
- _____

Note: If you checked any box in question 5, please submit the enclosed medical evaluation form (CR-24) together with your completed application.

2. Have you satisfactorily completed a Methods of Instruction course or its equivalent?
() NO () YES....(If yes, please submit proof or a valid teaching certificate.)
3. Have you taken the Basic Driver Education (EDIS 433-51) course or it's equivalent?
its equivalent? () NO () YES....(If yes, please submit proof.)
4. If you are a commercial vehicle instructor, have you taken the Commercial Vehicle Class A Instructor Course? () NO () YES...(If yes, please submit proof)
5. Has your privilege to provide driver education, register or operate a motor vehicle ever been suspended or revoked in this state or any other state or province?
() NO () YES....(If yes, please explain) _____
- _____

6. Have you ever been convicted of violating a motor vehicle law in Maine or any other state or province? () NO () YES...(If yes, please write date(s), type(s) and where violation occurred)

7. Have you ever been convicted of a crime, other than a traffic offense, in Maine or any other state or province? () NO () YES....(If yes, please write date(s), type(s), and where violation occurred)

8. Is there any proceeding now pending relative to any suspension, revocation, or violation listed in questions 8, 9, or 10 above? () NO () YES...(If yes, please explain)

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Disclosure of your social security number is mandatory and is required by 29-A MRSA § 1301(5) and (6) to apply for or renew a driver's license or non-driver identification card. Your social security number will be used solely for identification purposes and will be kept confidential.

I AM THE APPLICANT FOR A DRIVER EDUCATION TEACHER/INSTRUCTOR LICENSE AND THE INFORMATION CONTAINED HEREIN IS TRUE. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE INFORMATION ON THIS FORM IS A CLASS D CRIME AND THAT ANY FALSE INFORMATION WILL RESULT IN THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED TO ME.

Signature of Applicant in Full

Date of Application